

**Instructions:** Please return this original form along with the first year licensing fee of **\$300.00**, to the Division of Finance, 301 West High Street, Room 630, P.O. Box 716, Jefferson City, MO 65102. **Fee applies to each location transacting business.** For questions, contact the Consumer Credit Licensing Section, 573-751-3463.

**MISSOURI DIVISION OF FINANCE****Renewal Application for  
Missouri Financial Institution Licensing Act  
Chapter 364 License****OFFICE USE ONLY****364** – \_\_\_\_\_ – \_\_\_\_\_ **Rec#** \_\_\_\_\_

Check No.

Amount: \$

Date:

Initials:

**\*\*IF NOT RENEWING – Please check, provide appropriate information, and return to the above address.**☐ Ceased lending activities ☐ Closed location ☐ Sold to: \_\_\_\_\_**Information EXACTLY as it appears on current license:****Company Name:****License Number:****Address:****City:** \_\_\_\_\_**State:****Zip:****Telephone:****Fax:****County (MO only):**☐ Please check if above Licensed Location information is correct.☐ Check if above Licensed Location information is changed or incorrect and enter correct information below:**Company Name:** \_\_\_\_\_**Address:** \_\_\_\_\_**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **County (MO only):** \_\_\_\_\_**Hours of Operation:****Contact Person for  
Licensing  
Issues/Renewals:**

Name:

Mailing Address:

City/State/Zip:

Telephone: ( )

Fax: ( )

E-Mail:

**Person to Receive  
Examination Reports:**

Name:

Mailing Address:

City/State/Zip:

Telephone: ( )

Fax: ( )

E-Mail:

**Home Office  
Information  
(if applicable):**

Name:

Street Address:

City/State/Zip:

Mailing Address (if different from above):

Telephone: ( )

Fax: ( )

E-Mail:

**If applicant is:** **Individual**, complete Section I. **Partnership**, complete Section II(a). **Corporation**, complete Sections II(a) and II(b).

<b>I. INDIVIDUAL</b>	<b>Name:</b>	<b>Phone Number:</b> (     )
	<b>Residence Address:</b>	
	<b>Business Address:</b>	
<b>II(a). PARTNERSHIP, ASSOCIATION <u>OR</u> CORPORATION</b>	<b>Name:</b>	<b>Phone Number:</b> (     )
	<b>Principal Business Address:</b>	
<b>Names, Titles of Partners/Officers</b>	<b>Business Address</b>	<b>Residence Address</b>
<b>II(b) CORPORATION</b>	<b>Date of Incorporation:</b>	
	<b>Principal Office in Missouri (if applicable):</b>	

ASSETS	Amount	LIABILITIES	Amount
A. Cash on Hand	\$	J. Stock - Common	\$
B. Cash in Bank		K. Stock - Preferred	
Name of Bank:		L. Surplus	
C. Accounts Receivable		M. Undivided Profits	
D. Notes Receivable		N. Reserves	
E. Stock Owned		O. Bonds	
F. Bonds Owned		P. Mortgages	
G. Mortgages Owned		Q. Accounts Payable	
H. Real Estate Owned		R. Notes Payable	
I. Other Assets: (Itemize)		S. Other Liabilities: (Itemize)	
<b>TOTAL ASSETS</b>	\$	<b>TOTAL LIABILITIES</b>	\$

STATE OF \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 COUNTY OF \_\_\_\_\_ )

(Name of Officer/Partner/Principal) \_\_\_\_\_, being duly sworn, upon his/her oath,  
 states that the facts contained in the foregoing application are true.

\_\_\_\_\_  
 Signature / Officer, Partner, Principal

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_  
 Notary Public  
 My Commission expires: \_\_\_\_\_